## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected maintenance fee notificatio	below or directed other	erwise in Block 1, by (	a) specifying a new corres	pondence address;	and/or (b) indicating a sep	arate "FEE ADDRESS" for	
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	590 09/08/2	2008	*****		ficate of Mailing or Trans		
YOUNG & THOMPSON 209 Madison Street Suite 500				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ALEXANDRIA, V	/A 22314					(Depositor's name)	
						(Signature)	
			TOWN DECISION			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	I	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/592,940	10/592,940 09/15/2006		Lamberto Carta	2540-1052		8690	
TITLE OF INVENTION: SQUEEZING	ADJUSTABLE AND	SEALABLE JET NI	EBULISER FOR BOTTLI	ES ABLE TO BE	ELASTICALLY DEFOR	MED BY	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	12/08/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
NGUYEN, DINH Q		3752	239-327000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list				
Change of correspond Address form PTO/SB/1	dence address (or Chan 22) attached	ge of Correspondence	(1) the names of up to or agents OR, alternativ			0.71	
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND					er aldere er system (1990) er		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGN			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
EMSAR S.P.A. SAN GIOVANNI TEATINO (CH), ITALY							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee Dublication Fee (No s	rmitted)	A check is enclosed.	L Corm DTO 2029 :				
Publication Fee (No small entity discount permitted)  Advance Order - # of Copics  Advance Order - # of Copics  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit an overpayment, to Deposit Account Number 25-0120 (enclose an extra copy of this for							
5. Change in Entity Status			(If Necessary)				
a. Applicant claims SI			b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
interest as shown by the reco	ords of the United State	s Patent and Trademark	Office.	e applicant, a registe	red attorney of agent, of the	de assignée of outer party in	
Authorized Signature	enor (	artel	Date September 19, 2008				
Typed or printed name	Benoît Castel		Registration No. 35,041				
This collection of informatic an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313- Under the Paperwork Reduc	inia 22313-1450. DO 1 1450.	NOT SEND FEES OR	COMPLETED FORMS TO	THIS ADDRESS.	SEND TO: Commissioner f	for Patents, P.O. Box 1450,	